

**Best Available Copy**

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51				
2		/					52				
3		/					53				
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5		/					55				
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48		/					98				
49		/					99				
50		/					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				